



Commissioner for Patents  
Washington, DC 20231  
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CONFIRMATION NO. 3436

Bib Data Sheet

SERIAL NUMBER 09/183,715	FILING DATE 10/30/1998 RULE	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 500.709US1
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**APPLICANTS**

VINCENTZIO I. ROMAN, READING, MA;

**\*\* CONTINUING DATA****\*\* FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/16/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>an</i>	Examiner's Signature	Initials		

**ADDRESS**

34206

**TITLE**

USING ALTERNATE POLARIZATION IN FIXED WIRELESS SYSTEM DEPLOYMENT FOR IMPROVED CAPACITY

FILING FEE RECEIVED 1728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/183,715	FILING DATE 10/30/98	CLASS 359	GROUP ART UNIT 2733	ATTORNEY DOCKET NO. 500.709US1
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APPLICANT

VINCENTZIO I. ROMAN, READING, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*V*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*V*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*V*

FOREIGN FILING LICENSE GRANTED 11/16/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
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ADDRESS

SEE CUSTOMER NUMBER: 021186

TITLE

USING ALTERNATE POLARIZATION IN FIXED WIRELESS SYSTEM DEPLOYMENT FOR  
IMPROVED CAPACITY

FILING FEE RECEIVED \$1,290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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